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#18  
1/26/01

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): ) Title: In-Situ Cell Extraction and  
Horton ) Assay Method  
Serial No: 09/027,654 )  
Filed: February 23, 1998 ) Group Art Unit: 1641  
Examiner: Gail Gabel

**AMENDMENT TRANSMITTAL WITH  
PETITION FOR EXTENSION OF TIME**

**Commissioner for Patents  
Washington, D.C. 20231**

Sir:

Transmitted herewith is an amendment for the above application.

**RECEIVED**  
JAN 23 2002  
TECH CENTER 160012900

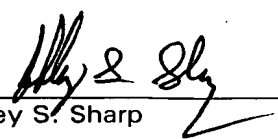
**CERTIFICATE OF MAILING (37 CFR 1.8)**

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on **October 22, 2001**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

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400.00 0P

  
Jeffrey S. Sharp

**1. Small Entity Status**

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established and is still effective.
- ☒ Has not been established.

**2. Extension of Time**

- ☒ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month		\$110.00		\$55.00
Two Months	X	\$400.00		\$200.00
Three Months		\$920.00		\$460.00
Four Months		\$1,440.00		\$720.00
Fifth Month		\$1,960.00		\$980.00

**If an additional Extension of Time is required, please consider this a petition therefor.**

Extension Fee: \$400.00



An extension for \_\_\_\_\_ month(s) has already been secured and the fee paid therefor of \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

**Extension Fee Due With This Request \$400.00**

**3. Fee for Claims**

The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	20	MINUS	20	= 0	X 9 =	\$	X18 =	\$0
INDEP.	1	MINUS	3	= 0	X42 =	\$	X84 =	\$0
<input type="checkbox"/> First Presentation of Multiple Dependent Claim					+ 140 =	\$	+ 280 =	\$0
TOTAL ADDITIONAL FEE						\$	OR	\$0

**4. Method of Payment of Fees**

- ☒ Attached is a check in the amount of: \$400.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ \_\_\_\_\_  
A copy of this Transmittal is enclosed.

**5. Deposit Account and Refund Authorization**


The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, Gerstein & Borun at the address below.

Respectfully submitted,

MARSHALL, GERSTEIN & BORUN  
6300 Sears Tower  
233 South Wacker Drive  
Chicago, Illinois 60606-6357  
(312) 474-6300

By:

  
Jeffrey S. Sharp  
Reg. No: 31,879

October 22, 2001